

Placer County
Below Market Price
Housing Selection Program
Pre-application for Atwood Ranch III

The Developer, Morrison Homes, will be selling fifteen (15) below market-price homes in The Atwood Ranch III Development located near Atwood Road and Richardson Drive, Auburn, California. These 3-bedroom 2-bath homes will be approximately 1,200 square feet and will be offered for sale at approximately \$180,000. *Homes will be subject to resale restrictions.*

To apply for an opportunity to purchase an affordable home from Morrison Homes through Placer County's Below Market Price Housing Selection Program, you must complete this form and return your pre-application **by mail** to Placer County Redevelopment Agency no later than **October 27, 2006**. Pre-applications should be addressed to: Placer County Redevelopment Agency, Below Market Price Housing Program, P.O. Box 7096, Auburn, CA 95604-7096. Faxed, e-mailed or delivered pre-applications will not be accepted. Pre-applications received after this date and time will not be considered for this selection process but your name will remain on our mailing list for notification of future opportunities. **Information contained in this pre-application will remain confidential.**

To qualify for homes, your household gross annual income must not exceed the following amounts:

Household Size	3	4	5	6	7
Maximum Annual Income	\$47,050	\$52,300	\$56,500	\$60,650	\$64,850

ONLY ONE PRE-APPLICATION PER HOUSEHOLD WILL BE ACCEPTED

PRE- APPLICATIONS WILL ONLY BE ACCEPTED BY MAIL

To be qualified for the housing selection program for Atwood Ranch III:

- You MUST have funds for down payment available equaling 3% of the purchase price of the home (approximately \$5,400.). Funds must be on deposit in a financial institution for a minimum of three months prior to the loan application and must be available to be used as a deposit at close of escrow.***
- You MUST also have closing costs funds available.***

Please provide the following information: (Type or print clearly)

APPLICANT NAME: _____

Co-Applicant: _____

Home Address: _____ **Mailing Address:** _____

City : _____

Telephone: _____

(Daytime)

(Evening)

THIS IS A 2 PAGE PRE-APPLICATION

PRE-APPLICATION CONTINUES ON PAGE 2



Total number of persons in Household: _____ Number of dependents 18 Years or Younger: _____

Annual Household Gross Income: \$ _____

In addition to the Applicant/Co-Applicant, please provide names of household members that are 18 years or older: (If there are more than two additional household members over the age of 18, please feel free to use a separate piece of paper to list them all.)

Name

Current Annual Gross Income

Name

Current Annual Gross Income

Applicant must provide with this pre-application documentation for determining applicant's income level, examples of acceptable documentation include, tax returns, employer income verifications, pay stubs and notice of program actions showing gross income amounts.

Please check the statements below that apply to at least one adult who will reside in the home:
(For descriptions of the below statements please see Program Guidelines)

(CHECK ALL THAT APPLY)

☐ Currently live and work in Placer County

If you mark this box you must attach a current pay stub showing employer information.

Name of Employer: _____

Employer's Address: _____

Employer's Phone: _____

☐ Currently live in Placer County

☐ Currently work in Placer County

If you mark this box you must attach a current pay stub showing employer information.

Name of Employer: _____

Employer's Address: _____

Employer's Phone: _____

Agreement: I/We have read the information regarding the application and selection process and understand that being accepted for the Below Market Price Housing Selection Program and receiving a number in the lottery process does not guarantee that I/we will be able to purchase a home offered through the Program. I/We declare that the information provided in this application is true and correct to the best of my/our knowledge. I authorize the Placer County or its representatives to verify the information provided to determine my/our eligibility for this program. I/We also understand that if any of the information on this form changes during the review process, it could negatively affect my/our eligibility to participate in this program.

Applicant Signature

Date

Co-Applicant Signature

Date